

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						Application Number <b>09/891484</b>	Filing Date	
						Applicant(s)		
<i>11-17-04</i>						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	
2							52	
3			/				53	
4			/				54	
5			/				55	
6			/				56	
7			/				57	
8			/				58	
9			/				59	
10			/				60	
11			/				61	
12			/				62	
13			/				63	
14			/				64	
15			/				65	
16							66	
17							67	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep			3				Total Indep	
Total Depend			11				Total Depend	
Total Claims			14				Total Claims	